

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Sprain Brook Manor Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 77 Jackson Ave Scarsdale, NY 10583	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44673</p> <p>Based on observation, record review and interviews during the recertification and abbreviated surveys (NY00328628) conducted from 5/7/24 to 5/14/24, the facility did not ensure residents were provided timely dental services for one of one resident (Resident #13) reviewed for dental services. Specifically, Resident #13's dentures were discovered lost on 6/28/2023, and the resident did not get their dentures replaced until 12/6/2023, six months later.</p> <p>The findings include:</p> <p>Resident #13 had diagnoses including diabetes, dysphagia (difficulty swallowing), and hepatocellular carcinoma (liver cancer). The Minimum Data Set (MDS) dated [DATE] documented the resident had moderately impaired cognition, and required minimal assistance with eating and oral hygiene.</p> <p>The Comprehensive Care Plan for Potential Oral Dental Problems, last dated 10/29/2022, documented interventions for a dental consult annually as needed, and ensuring dentures were worn daily.</p> <p>A Complaint Investigation form, dated 6/28/2023, documented Resident #13's family member reported the resident's dentures were missing. A search was conducted and the dentures were not found. The corrective actions was the facility would pay for the resident's dentures and the form was signed off on 7/3/24</p> <p>A Speech-language pathologist progress note dated 7/6/2023 documented the resident's upper dentures was missing and caused difficulty masticating (chewing). New recommendations were made to change from a regular-consistency solids to a chopped diet.</p> <p>A Registered Dietician progress note dated 9/19/2023 documented the resident had a significant undesirable weight loss possibly secondary to loss of dentures. Replacement dentures were in the works, with food texture modifications in place and tolerating well.</p> <p>Review of dental progress notes documented the resident was seen:</p> <ul style="list-style-type: none"> - on 10/6/23 for bite registration (taking an impression of the teeth). - on 10/30/23 for try-on and retook bite. - on 12/6/23 the denture was delivered. <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>There were no dental progress between the date of the complaint, 6/28/23, until the resident was seen on 10/6/23.</p> <p>During observations on 5/7/2024 at noon, 5/9/2024 at 8:00 AM, and 5/9/2024 at 12:15 PM, Resident # 13 had their dentures in place and ate a chopped diet unassisted.</p> <p>During an interview on 5/9/2024 at 9:13 AM, the resident family member stated that the resident's dentures had been lost twice while at the facility and the last time it took a long time to replace them.</p> <p>During an interview on 5/14/2024 at 9:00 AM, Staff #2 (Registered Nurse Unit Manager) stated they did not remember why it took so long for the resident's dentures to be made. They stated they made a consult sometime in July 2023 and notified the dental office.</p> <p>During an interview on 5/14/2024 at 9:22 AM, the Registered dietician stated that it took about six months for the resident to finally receive the dentures because there were several fittings, and the resident had many complaints. The resident did not lose weight because his diet was downgraded, and supplements were added.</p> <p>During an interview on 5/14/2024 at 9:34 AM, the Director of Nursing stated it took six months because there were many fittings.</p> <p>During an interview on 5/13/2024 at 1:00 PM, the dentist stated this was the second set of dentures, and sometimes they waited for one month to see if the dentures showed up. The dentist stated it usually takes 2-3 months for residents to get dentures and it should not take six months.</p> <p>10 NYCRR 415.17</p>